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| Substitute for Form PTO-1390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>022702-152                              |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                         | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/562057</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR 2004/001680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INTERNATIONAL FILING DATE<br>JUNE 30, 2004 | PRIORITY DATE CLAIMED<br>JULY 3, 2003                   |                                                                     |
| TITLE OF INVENTION<br><br>INORGANIC FILLERS FOR IMPROVING THE MATTNES OF THERMOPLASTIC POLYMERS (as amended)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                         |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Roland DURAND, Arnaud KOSCHER and Sergio REFINETTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                         |                                                                     |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                         |                                                                     |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |                                            |                                                         |                                                                     |
| Items 11 to 21 below concern document(s) or information included:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                         |                                                                     |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A FIRST preliminary amendment.</li> <li>14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <u>Unexecuted Declaration; International Search Report corresponding to PCT/FR 2004/001680 issued on December 9, 2004 - 6 pages; Forms PCT/IB/304 and 308 and cited references</u></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                         |                                                                     |

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|---------------------------------------------------------------------|--|-----------------------------------------------------|--|----------------------------------------|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/562057</b> |  | INTERNATIONAL APPLICATION NO.<br>PCT/FR 2004/001680 |  | ATTORNEY'S DOCKET NUMBER<br>022702-152 |  |
|---------------------------------------------------------------------|--|-----------------------------------------------------|--|----------------------------------------|--|

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| 21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>RHODIA PERFORMANCE FIBRES</u><br><u>AVENUE DE L'HERMITAGE</u><br><u>F-62223 SAINT LAURENT BLANGY CEDEX</u><br><u>FRANCE</u><br><br><br><br><br><br>22. <input checked="" type="checkbox"/> The following fees are submitted: | <b>CALCULATIONS PTO USE ONLY</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|

| Basic Filing Fee (1631)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 300.00    |              |              |                         |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
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| Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |                         |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">CLAIMS</th> <th style="width:15%;">NUMBER FILED</th> <th style="width:15%;">NUMBER EXTRA</th> <th style="width:15%;">RATE</th> <th style="width:30%;">\$</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">21</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">1</td> <td style="text-align: right;">x \$50.00 (1615)</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">0</td> <td style="text-align: right;">x \$200.00 (1614)</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: right;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: right;">+ \$200.00 (1633)</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: right;">+ \$400.00 (1632)</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td style="text-align: right;">+ \$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td colspan="4">         Processing fee of \$130.00 (1618) for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).       </td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td colspan="4">         Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +       </td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Amount to be refunded :</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">charged :</td> </tr> </tbody> </table> | CLAIMS       | NUMBER FILED | NUMBER EXTRA | RATE                    | \$ | Total Claims | 21 | -20 = | 1 | x \$50.00 (1615) | Independent Claims | 2 | -3 = | 0 | x \$200.00 (1614) | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$360.00 (1616) | Examination Fee |  |  |  | + \$200.00 (1633) | Search Fee |  |  |  | + \$400.00 (1632) | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  | \$ 0.00 | TOTAL OF ABOVE CALCULATIONS = |  |  |  | \$ 950.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | + \$ 0.00 | SUBTOTAL = |  |  |  | \$ 950.00 | Processing fee of \$130.00 (1618) for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | \$ 0.00 | TOTAL NATIONAL FEE = |  |  |  | \$ 950.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property + |  |  |  | \$ 0.00 | TOTAL FEES ENCLOSED = |  |  |  | \$ 950.00 |  |  |  |  | Amount to be refunded : |  |  |  |  | charged : |  |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER FILED | NUMBER EXTRA | RATE         | \$                      |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 21           | -20 =        | 1            | x \$50.00 (1615)        |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2            | -3 =         | 0            | x \$200.00 (1614)       |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              | + \$360.00 (1616)       |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Examination Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              | + \$200.00 (1633)       |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Search Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              | + \$400.00 (1632)       |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
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| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              | \$ 950.00               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              | + \$ 0.00               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              | \$ 950.00               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Processing fee of \$130.00 (1618) for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              | \$ 0.00                 |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              | \$ 950.00               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              | \$ 0.00                 |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              | \$ 950.00               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              | Amount to be refunded : |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              | charged :               |    |              |    |       |   |                  |                    |   |      |   |                   |                                             |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |                                                                            |  |  |  |         |                               |  |  |  |           |                                                                                                                              |  |  |  |           |            |  |  |  |           |                                                                                                                                                                                                               |  |  |  |         |                      |  |  |  |           |                                                                                                                                                                                 |  |  |  |         |                       |  |  |  |           |  |  |  |  |                         |  |  |  |  |           |  |  |

a. ☒ A check in the amount of \$ 950.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. 02-4800 in the amount of \_\_\_\_\_ to cover the above fees. A duplicate copy of this sheet is enclosed.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4800. A duplicate copy of this sheet is enclosed.

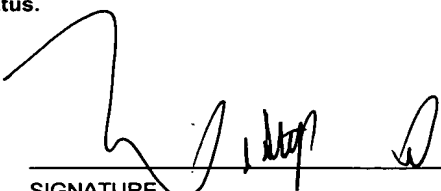
d. ☐ Charge \_\_\_\_\_ to credit card. Form PTO-2038 is attached.

**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

Buchanan Ingersoll PC  
 Including attorneys from Burns, Doane, Swecker & Mathis  
 P.O. Box 1404  
 Alexandria, Virginia 22313-1404  
 (703) 836-6620

  
 SIGNATURE  
 \_\_\_\_\_  
 NAME  
 NORMAN H. STEPNO  
 \_\_\_\_\_  
 REGISTRATION NO. 22716      DATE DECEMBER 23, 2005